



Commonwealth of Massachusetts
Group Insurance Commission

*Your
Benefits
Connection*

2006-2007

GIC Benefit Decision Guide

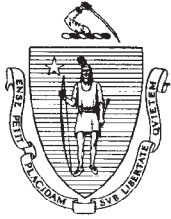
for Employees

For Changes Effective
July 1, 2006



SELECT & SAVE BENEFITS EXPANDED!
Weigh your options carefully.





MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE DEPARTMENT

STATE HOUSE • BOSTON 02133

(617) 725-4000



Spring 2006

Dear Friends:

These days health care is at the top of local, state and national agendas. From trying to find ways to cover the uninsured to implementing the new Medicare prescription drug benefits, there is a great deal of attention on health care issues in my Administration and across Massachusetts.

The Group Insurance Commission (GIC) has worked tirelessly to manage the affordability, quality and cost of health care in creative new ways, in order to continue to offer Commonwealth employees, retirees and their families quality care at reasonable prices. This year's health plan choices emphasize your active participation in selecting a plan that fits your needs. To that end, the GIC has provided valuable information to help you select high-quality providers, hospitals and physicians who have demonstrated the prudent use of expensive resources. The health plans described in this **2006-2007 Benefit Decision Guide** represent another step forward in the GIC's efforts to inform you about how to choose your health care.

I urge you to read the materials carefully, choose carefully, and make the best selections for you and your family. The only way the GIC can continue to succeed in providing comprehensive benefits at a reasonable cost is if you become a more active participant, spending health care dollars wisely and becoming an informed health care consumer.

Sincerely,

A handwritten signature of Mitt Romney in dark ink, written in a cursive style.

Mitt Romney

How to Use This Guide

All employees should read:

Your responsibility as an employee	2
Changing how we choose and use health care	3
Select & Save co-pay tiering changes.....	3
Benefit changes effective July 1, 2006.....	4
Health plan rates effective July 1, 2006	6
Other benefit rates effective July 1, 2006.....	7

Options as a new hire and at annual enrollment:

Is the health plan available in your area?	8
Annual enrollment and new hire overview ...	9
How to choose a health plan.....	10

Find out about your health plan options:

Prescription drug benefits – all GIC plans ...	11
Commonwealth Indemnity plans' prescription drug benefits	12
Benefits-at-a-glance: Commonwealth Indemnity and Community Choice.....	13
Benefits-at-a-glance: Select & Save plans' in-network benefits.....	14
Benefits-at-a-glance: PPO-type plans.....	16
Benefits-at-a-glance: HMOs.....	18
Benefits-at-a-glance: Commonwealth Indemnity plans' and Tufts Navigator's mental health-substance abuse.....	20

Find out about other benefit options:

Long Term Disability (LTD)	21
Life Insurance	22
Accidental Death and Dismemberment	23
Beneficiary Assist	23
Employee Assistance Program (EAP) for state agencies.....	23
Health Insurance Buy-Out Option.....	24
Pre-Tax Premium Deductions.....	24
Health Care Spending Account (HCSA).....	25
Dependent Care Assistance Program (DCAP).....	25
GIC Dental/Vision Plan for managers	26

Resources for additional information:

Need More Help?	27
Attend a GIC Health Fair	27
Inscripción Anual	27
年度登記	27
Ghi Danh Hàng Năm	27
Audiotape for visually impaired	27
Website.....	27
GIC Plan contact information.....	28
Glossary	29



This symbol indicates a Select & Save Plan



Pay special attention to the sections throughout this guide

*The Benefit Decision Guide is not a benefit handbook.
It is an overview of GIC benefits and should be used as a guide.*

Annual enrollment forms are due to your GIC Coordinator by May 17, 2006

Changes go into effect July 1, 2006

Your Responsibility as an Employee



Employees **MUST** Notify The GIC When Their Personal Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for health care services provided to you or a family member. Please tell your GIC Coordinator if any of the following changes occur:

- Marriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of an insured
- Remarriage of a former spouse
- Dependent turning age 19
- Marriage of a covered dependent
- Student dependent 19 and over graduating, withdrawing from school, and changing from full-time to part time status
- Death of an insured
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change

You may have personal financial responsibility associated with the lack of timely notification.



GIC Q&A

Q *I'm turning age 65; what do I need to do?*

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible and if you continue working after age 65, you should enroll in Medicare Part A. You and your spouse should NOT enroll in Medicare Part B until you (the insured) retire. When you retire, refer to the GIC's *Retiree/Survivor Benefit Decision Guide* for Medicare rules and plan options.

The spouse of an active employee who is 65 or over should sign up for Medicare Part A when he or she (the spouse) reaches age 65 and enroll in Part B when the insured retires.

Most enrollees should not sign up for Medicare Part D. *See page 11 for more information.*

Q *If I die, are my surviving spouse and children eligible for GIC health insurance?*

A If you (the state employee) have coverage through the GIC at the time of your death and you and your spouse are not divorced or legally separated, your surviving spouse is eligible to continue his/her GIC health insurance coverage until he/she remarries or dies. Your surviving spouse must apply for survivor spouse coverage, as it is not an automatic benefit. To apply, your surviving spouse must contact the GIC. Upon approval, the GIC will directly bill your surviving spouse for his/her share of the health insurance premium.

If your children are covered under your health plan at the time of your death, they may continue GIC coverage until they reach age 19. See our website's family status question and answer section for more information.

Q *I am leaving state service and am not continuing GIC health coverage. When does my coverage end?*

A The coverage ends on the last day of the month following the month you leave state service, providing your premiums for that month are paid.

See the GIC's website for answers to other frequently asked questions:
www.mass.gov/gic

Changing How We Choose and Use Health Care

Three years ago the GIC embarked on a program called the Clinical Performance Improvement (CPI) Initiative to address the wide disparity in physician and hospital performance as well as an alarming rise in health care costs. We have gathered information about health providers to quantify differences in care. The data analysis was provided to our health plans to develop benefit plans that reward you, through modest co-pay differentials, for choosing quality, cost-effective care. The goal is to increase transparency in health care's cost and quality so that you can become more knowledgeable when making health care decisions.

Some employers have tried to address the rising cost of health care by moving to high deductible plans, where employees must pay the first \$1,000 to \$2,000 of their care. Other employers have discontinued or drastically reduced coverage, particularly for retirees, and certain others are charging smokers more for their coverage. The GIC's CPI Initiative offers an alternative to these measures that will help to preserve comprehensive benefit levels and choice, while improving health care quality and cost efficiency.

In keeping with our CPI Initiative, over the last two years, we have introduced new Select & Save plans, and enhanced existing plans. Many of these programs include selective networks or tiered hospital networks that highlight quality, cost-effective clinicians and facilities.

Select & Save Plan Changes This Year

This year, we are expanding our programs to include more information about the quality and cost of physicians. The Select & Save program encourages members to seek out physicians who are mindful of treatment quality and cost. Each plan put together its own benefit design consistent with the CPI Initiative. Some plans tiered co-pays for primary care physicians, others tiered co-pays for specialists. Members retain access to all of the providers in our health plans' networks.

An overview of each Select & Save plan follows. The new Select & Save benefits-at-a-glance chart on pages 14-15 helps you compare co-pay tiers by plan. For detailed information about how the plans have tiered providers, and which providers are in which tier, contact the health plans.

Select & Save Co-Pay Tiering Changes



See pages 4-5 for other benefit changes.

Commonwealth Indemnity Plan Community Choice

Unicare, the medical benefits administrator of this plan, will be tiering all physicians. Members will pay lower co-pays if they seek care from more efficient and higher quality providers.

- Physician office visit co-pay: \$10 tier 1, \$20 tier 2

Commonwealth Indemnity Plan PLUS

Unicare, the medical benefits administrator of this plan, will be tiering all physicians. Members will pay lower co-pays if they seek care from more efficient and higher quality providers.

- Physician office visit co-pay: \$10 tier 1, \$20 tier 2

Fallon Community Health Plan Select Care

Fallon Community Health Plan is establishing a two-tier primary care physician (PCP) network for the Select Care plan. Members who seek care from preferred tier PCPs (called Value Plus) will pay a lower co-pay than members seeking care from a non-preferred tier PCP (called Value). Additionally, the tier of your PCP will affect co-payments for other services as listed below.

- Primary care physician visit co-pay: \$15 Value Plus, \$20 Value
- Pediatric wellness visit co-pay: \$5 Value Plus, \$10 Value
- Specialist visit co-pay: \$20 Value Plus, \$25 Value
- Outpatient surgery co-pay (maximum 4 per year): \$100 Value Plus, \$125 Value
- Inpatient hospital care co-pay (maximum 4 per year): \$250 Value Plus, \$300 Value

Benefit Changes Effective July 1, 2006

Harvard Pilgrim Health Care

This Point of Service (POS) plan will change to a Preferred Provider (PPO) plan, which does not require selection of a primary care physician (PCP) or referrals to see a specialist. *If you are a current member of the Harvard Pilgrim Health Care POS Plan, you will automatically be enrolled in this new plan unless you make a change during annual enrollment.*

The new plan, called the Harvard Pilgrim Independence Plan, will institute a two-tier network for five physician specialties. These specialists will be tiered based on the cost effectiveness of their practices. Members seeing a preferred specialist will pay a lower co-pay than for non-preferred specialists and other specialists who are not subject to tiering.

- Specialist visit co-pay (Dermatology, Orthopedics, Gastroenterology, General Surgery, and Cardiology): \$15 tier 1, \$25 tier 2
- Specialist visit co-pay (all other specialties): \$25

Health New England

Health New England will implement a three-tier Primary Care Physician (PCP) network. Family Practice/Internal Medicine and Pediatricians will be tiered based on the cost effectiveness of their practice.

- Primary care physician and pediatric office visit co-pay: \$10 tier 1, \$15 tier 2, \$25 tier 3

Navigator by Tufts Health Plan

Tufts Health Plan will institute a two-tiered network for surgical specialists. Members will pay a lower co-pay for using a surgical specialist whose primary affiliation is with a tier 1 hospital. Members will pay a higher co-pay for surgical specialists whose primary affiliation is with a tier 2 or tier 3 hospital and for other specialists who are not subject to tiering.

- Specialist surgeon office visit co-pay (General Surgeon, Hand, Orthopedic, Neurology, Thoracic, General Vascular, Plastic and Reconstructive, Colon and Rectal, and Urology): \$15 tier 1 hospital affiliation, \$25 tier 2 and tier 3
- Specialist visit co-pay (other specialists): \$25

Neighborhood Health Plan

Neighborhood Health Plan will offer two plans; its current HMO, renamed NHP Care, and a new Select & Save Plan called NHP Community Care. This new plan has a selective network with primary care based at NHP's 49 Community Health Centers and 14 Harvard Vanguard Medical Associates sites.

NHP Community Care (See pages 15 and 19 for other details.)

- Physician office visit co-pay: \$10
- Inpatient hospital care admission co-pay: \$200
- Outpatient surgery co-pay: \$75
- Prescription drug retail generic/brand/non-preferred brand co-pays: \$7/\$20/\$40
- Prescription drug mail order generic/brand/non-preferred brand co-pays: \$14/\$40/\$120

Other Health Plan Benefit Changes

All Health Plans

- Elimination of physician office visit co-pay cap of 15 co-pays per person per calendar year

Fallon Community Health Plan, Health New England and NHP Care

- Elimination of mental health/substance abuse office visit co-pay cap of 15 co-pays per person per calendar year

Commonwealth Indemnity Plan Basic

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Outpatient surgery co-pay: \$75 per occurrence
- Non-preferred brand name drug mail order co-pay: \$90
- Mental Health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental Health medication management visit co-pay: \$10

Commonwealth Indemnity Plan Community Choice

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Non-preferred brand name drug mail order co-pay: \$90
- Mental Health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental Health medication management visit co-pay: \$10

Commonwealth Indemnity Plan PLUS

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Non-preferred brand name drug mail order co-pay: \$90
- Mental Health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental Health medication management visit co-pay: \$10

Fallon Community Health Plan Direct Care

- Outpatient surgery co-pay: \$75

Harvard Pilgrim Independence Plan

- Inpatient hospital care and outpatient surgery co-pay maximums: 4 of each per person per calendar year
- Tier 3 prescription drug mail order co-pay: \$90
- In-network outpatient mental health/substance abuse care visit co-pay: \$15 all visits
- In-network mental health/substance abuse medication management visit co-pay: \$10
- Early intervention services enhanced: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days

Health New England

- Inpatient hospital care co-pay: \$200 per admission
- CT scans, MRIs, MRAs and PET scans co-pay: \$50

Navigator by Tufts Health Plan

- Pediatric hospital inpatient admission co-pay: \$200 tier 1, \$400 tier 2
- Inpatient hospital care and outpatient surgery co-pay maximums: 4 of each per person per calendar year
- Tier 3 prescription drug retail/mail order co-pays: \$40/\$90
- Early intervention services enhanced: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days

- Mental Health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental Health medication management visit co-pay: \$10

NHP Care (formerly called Neighborhood Health Plan)

- Physician office visit co-pay: \$20
- Emergency room visit co-pay: \$75 (*waived if admitted*)
- Inpatient hospital care admission co-pay: \$300
- Outpatient surgery co-pay: \$100
- Brand name prescription drug retail/mail order co-pays: \$25/\$50
- Non-preferred brand prescription drug retail/mail order co-pays: \$45/\$135

Other Benefit Changes**Life Insurance**










The GIC has selected The Hartford as its new life insurance carrier effective July 1, 2006. Life insurance changes effective July 1, 2006:

- Life and Accidental Death and Dismemberment benefits will be enhanced to cover acts of war and terror.
- Optional life insurance rates will decrease (*see page 7*).
- The GIC will eliminate the one-year waiting period to increase or enroll in optional life insurance coverage. Active state employees will now be able to apply for additional Optional Life and Accidental Death and Dismemberment benefits at any time with proof of good health.

The UnumProvident LifeBalance® Program will be replaced by The Hartford's Beneficiary Assist Program, which provides counseling, legal, and financial assistance via telephone and in person after the death of a family member.

Health Plan Rates

Monthly GIC Plan Rates as of July 1, 2006

	For Employees Hired on or before June 30, 2003		For Employees Hired after June 30, 2003	
	15%		20%	
	EMPLOYEE PAYS		EMPLOYEE PAYS	
BASIC LIFE INSURANCE ONLY \$5,000 coverage	\$1.03		\$1.37	
HEALTH CARE PLAN (Including Basic Life Insurance)	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Commonwealth Indemnity Plan Basic <i>with</i> CIC (Comprehensive)	\$127.00	\$294.74	\$159.18	\$369.43
Commonwealth Indemnity Plan Basic <i>without</i> CIC (Non-Comprehensive)	96.54	224.08	128.72	298.77
 Commonwealth Indemnity Plan Community Choice	47.96	113.59	63.95	151.45
 Commonwealth Indemnity Plan PLUS	68.81	162.71	91.74	216.94
 Fallon Community Health Plan Direct Care	52.75	125.08	70.32	166.77
 Fallon Community Health Plan Select Care	62.07	145.84	82.75	194.45
 Harvard Pilgrim Independence Plan	68.60	164.38	91.47	219.17
 Health New England	55.35	135.62	73.79	180.82
 Navigator by Tufts Health Plan	68.53	164.85	91.37	219.79
 NHP Care	55.67	145.74	74.23	194.32
 NHP Community Care	50.86	132.99	67.81	177.31

You must make your annual enrollment decisions based on current contribution percentages, knowing that these could change after the Commonwealth's annual budget is finalized.
For other plan considerations, see page 10.

Monthly GIC Plan Rates as of July 1, 2006

OPTIONAL LIFE INSURANCE RATES*

Including Accidental Death and Dismemberment

ACTIVE EMPLOYEE AGE	SMOKER RATE	NON-SMOKER RATE
	<i>Per \$1,000 of coverage</i>	<i>Per \$1,000 of coverage</i>
Under Age 35	\$0.09	\$0.05
35 – 44	0.13	0.06
45 – 49	0.24	0.09
50 – 54	0.38	0.15
55 – 59	0.58	0.23
60 – 64	0.88	0.34
65 – 69	1.57	0.83
Age 70 and over	2.81	1.30

LONG TERM DISABILITY BENEFIT*

ACTIVE EMPLOYEE AGE	EMPLOYEE MONTHLY RATES
	<i>Per \$100 of Monthly Earnings</i>
Under 20	\$ 0.10
20 - 24	0.10
25 - 29	0.12
30 - 34	0.17
35 - 39	0.22
40 - 44	0.41
45 - 49	0.60
50 - 54	0.84
55 - 59	1.06
60 - 64	0.96
65 - 69	0.45
70 and over	0.25

GIC DENTAL/VISION PLAN RATES

*For Managers, Legislators, Legislative Staff and Certain Executive Office Staff**

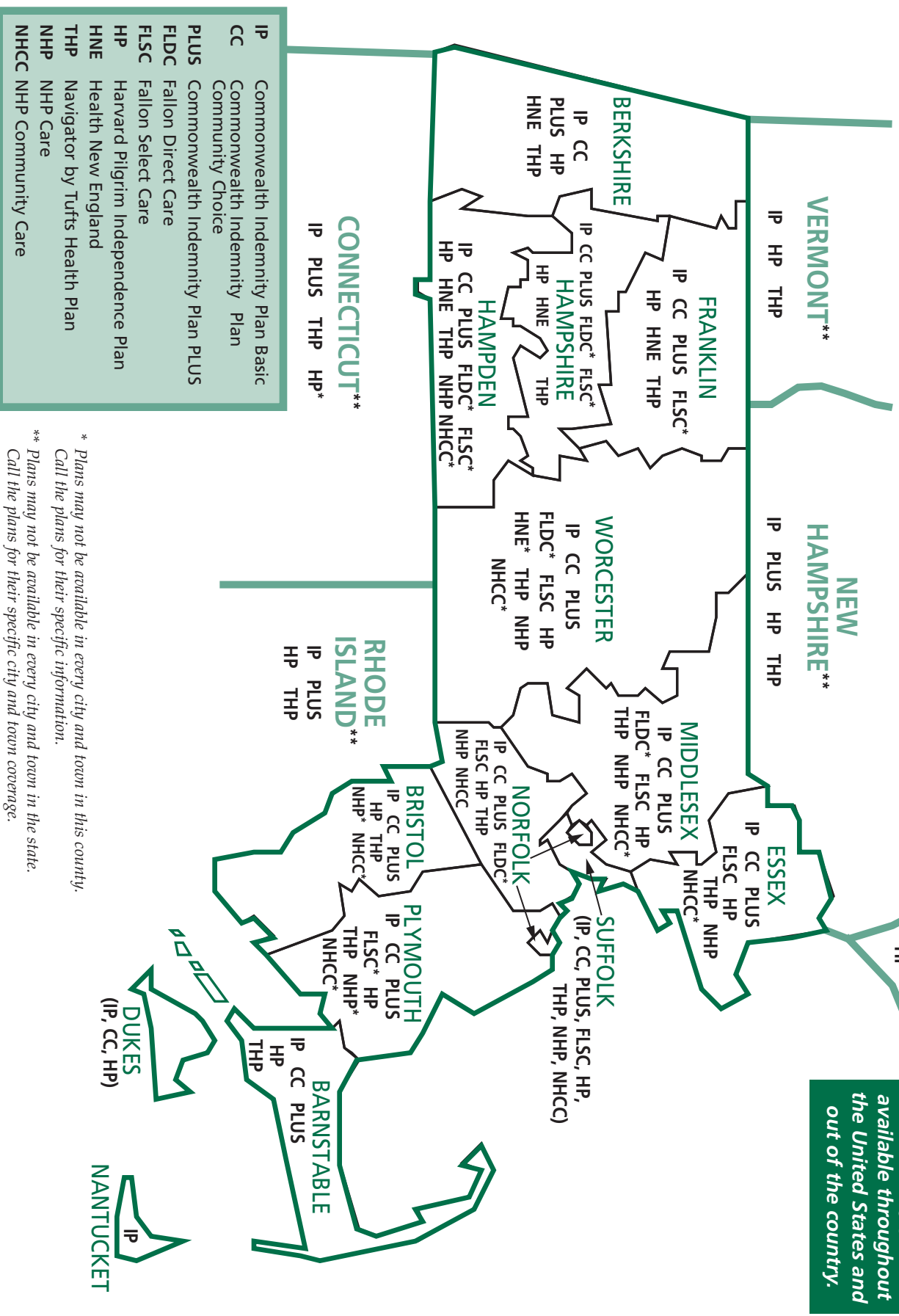
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO PLAN	\$3.52	\$10.91
INDEMNITY PLAN	\$4.96	\$15.36

*Only available to active employees who meet the criteria listed on pages 21-22 and 26.

Is the Plan Available in Your Area?

Where you live determines which health plan(s) you are eligible to join. Review the county and state map below for an overview of health plan(s) available in your area.

The Commonwealth Indemnity Plan Basic is the only plan available throughout the United States and out of the country.



* Plans may not be available in every city and town in this county. Call the plans for their specific information.

** Plans may not be available in every city and town in the state. Call the plans for their specific city and town coverage.

Annual Enrollment and New Hire Overview

Annual enrollment gives you an opportunity to review your options and select a new health plan. If you want to keep your current GIC health plan, you do not need to do anything. Your coverage will continue automatically.



Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area.

CURRENT STATE EMPLOYEES

*During annual enrollment
April 19-May 17, 2006
for changes effective July 1, 2006*

You may enroll in or change your selection of...

- Basic Life Insurance
- One of these health plans
 - Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, or Commonwealth Indemnity Plan PLUS
 - Fallon Community Health Plan Direct Care or Fallon Community Health Plan Select Care
 - Harvard Pilgrim Independence Plan
 - Health New England
 - Navigator by Tufts Health Plan
 - NHP Care or NHP Community Care
- GIC Dental/Vision Plan for managers*

You may apply for*...

- Optional Life Insurance (or anytime during the year)
- Long Term Disability (LTD) (or anytime during the year)
- Health Insurance Buy-Out Option
- Opt in or Out of Pre-tax Basic Life and Health Insurance Premium Deductions

By submitting, by May 17...

GIC enrollment forms and an HMO application (if selected) to your GIC Coordinator

NEW STATE EMPLOYEES

*Within 10 calendar days of hire.
See your GIC Coordinator or the GIC's website for coverage effective date details.*

You may enroll in...

- Basic Life Insurance
- One of these health plans
 - Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, or Commonwealth Indemnity Plan PLUS
 - Fallon Community Health Plan Direct Care or Fallon Community Health Plan Select Care
 - Harvard Pilgrim Independence Plan
 - Health New England
 - Navigator by Tufts Health Plan
 - NHP Care or NHP Community Care
- Optional Life Insurance
- Long Term Disability (LTD)
- GIC Dental/Vision Plan for managers*
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)
- Pre-tax or post-tax Basic Life and Health Insurance premium deductions

By submitting, within 10 days of employment...

GIC enrollment forms, required documentation for family coverage as outlined on the **Your GIC Records** section of our website (if applicable), and an HMO application (if selected) to your GIC Coordinator

NOTE: Current employees who lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of loss of coverage. See your GIC Coordinator for details.

* See pages 21-22, 24 and 26 for eligibility and option details.

**Enrollment and application forms are available on our website:
www.mass.gov/gic and through your GIC Coordinator.**

How to Choose a Health Plan

Choosing a health plan that's right for you and your family is an important decision. Although monthly premium is an important attribute to consider, it is only one of many factors that will help determine your satisfaction with a plan.

Keep in mind that doctors, hospitals and other health care providers can leave a plan's network, but you may not change plans until the next annual enrollment, unless you move out of the plan's service area.

	INDEMNITY BASIC	INDEMNITY COMMUNITY CHOICE	INDEMNITY PLUS	HARVARD PILGRIM INDEPENDENCE	NAVIGATOR BY TUFTS HEALTH PLAN	HMOs
Are you eligible to join the plan and is it available in your area?	Yes	Yes, if you live in the plan’s service area – <i>See page 8</i>				
What will your monthly premium cost be?	<i>See page 6 for details.</i>					
What will your out-of-pocket costs be?	Estimate your out-of-pocket costs by comparing co-pays and deductibles for the services you and your covered dependents are likely to use. <i>See pages 13-20.</i>					
Does your doctor(s) participate in the plan?	Yes*	Yes, if your doctor is in Massachusetts	Contact the plan for information on in-network doctors			
Does your hospital(s) participate in the plan?	Yes*	Contact the plan for information on in-network hospital providers				
Will you have out-of-state coverage?	Unlimited*	Limited	Limited – available in some contiguous states			Limited
	<i>Emergency care is covered by all plans. See chart on page 8 for coverage by Massachusetts county and contiguous state coverage. The Commonwealth Indemnity Plan Basic is the only plan available throughout the United States and outside of the country.</i>					
Do you need to select a Primary Care Physician (PCP) to coordinate care and obtain referrals to most specialists?	No	No	No	No	No	Yes
Do you need plan authorization for certain procedures – such as MRIs, physical therapy, and hospitalizations?	Yes for all plans.					
Is there out-of-network coverage with reduced benefits?	N/A	Yes	Yes	Yes	Yes	No
How does the plan rate in quality and member satisfaction?	<i>See the 2005 MHPG-GIC HMO Report Card, available on our website. Ask friends about their experience with a health plan.</i>					
Does the plan have a pre-existing condition exclusion?	No for all plans.					
Does the plan offer gym membership and eyewear discounts?	Contact the plan for details.					
What are the plan’s physical therapy, occupational therapy and chiropractic benefits?	Contact the plan.					
What company administers the prescription drug benefits?	Express Scripts	Express Scripts	Express Scripts	Harvard Pilgrim Health Care	Caremark	The HMO
What company administers mental health/substance abuse benefits?	United Behavioral Health	United Behavioral Health	United Behavioral Health	PacifiCare Behavioral Health	United Behavioral Health	HMOs <i>arrange coverage internally or with a managed mental health plan</i>

* Benefit payments to out-of-state providers are determined by allowed amounts and you may be responsible for a portion of the total charge.

Prescription Drug Benefits – All GIC Plans

Multi-Tier Co-payment Structure

All GIC health plans have a tiered co-payment structure in which members generally pay less for generic drugs and more for brand name drugs. This system maintains a broad choice of covered drugs for patients and their doctors, while providing an incentive to use medications that are safe, effective and less costly.

The following descriptions will help you understand your prescription drug co-payment levels. *See the Benefits-at-a-Glance charts on pages 13 and 16-19 for the corresponding co-payment information.* (Some plans may categorize their prescription drug tiers differently from those listed below. Call the plans for more information.)

Generic (usually tier 1): Generic drugs contain the same active ingredients as brand name drugs and are sold under their chemical name. These drugs are subject to the same rigid FDA standards for quality, strength, and purity as brand name drugs. Generic drugs cost less than brand name drugs because they do not require the same level of sales, advertising, and development expenses associated with brand name drugs.

Preferred Brand Name (tier 2): The manufacturer sells these drugs under a trademarked name. Preferred brand name drugs usually do not have less costly generic equivalents.

Non-Preferred Brand Name (tier 3): These drugs are also trademarked. They have a generic equivalent or a preferred brand alternative that can be substituted.



Tips for Reducing Your Out-of-Pocket Prescription Drug Costs

You want the best when it comes to medications, and you want to spend your money wisely. You can do both. The following tips will help you lower your out-of-pocket prescription drug costs:

Ask for Generics: Ask your doctor or pharmacist if there is a generic drug that is appropriate for your condition. By choosing a generic medication, you usually can save on your co-payment. Generic drugs generally cost less than brand name drugs.

Give Your Doctor a Copy of Your Plan's

Formulary: The majority of GIC plans revise their drug formularies in January and update them throughout the year. It is available on most plan websites. Photocopy the formulary, keep a copy for yourself and give it to each doctor that you see.

The formulary gives you a list of the most commonly prescribed medications – generics and preferred brand name drugs – with the lowest co-pays. Frequently, there is more than one prescription drug that your doctor could prescribe for a particular illness or condition. Discuss with your doctor whether the drugs with lower co-payments are appropriate for you.

Use Mail Order: If you are taking a medication on a regular basis, take advantage of mail order savings and convenience. Members taking drugs for asthma, high blood pressure, allergies, high cholesterol and other long-term conditions will enjoy lower co-pays and home delivery with mail order. For most drugs, you will only need to order refills once every three months – you get up to a 90-day supply of your medication with each order. Once you begin mail order, you can conveniently order refills by phone or Internet. It's easy to get started. Have your doctor write a prescription for up to a 90-day supply of your medication, plus refills for up to one year if appropriate. Complete a mail service order form and send it along with your prescription and co-pay to your prescription drug plan. *See pages 13 and 16-19 to see how much you will save by switching from using your local pharmacy to using mail order.*

Active Employees Age 65 and Over

Important Information About Medicare Part D

All GIC health plans have prescription drug benefits equal to or greater than the federal Medicare Part D benefit. If you are Medicare eligible, but still working, your GIC health plan's prescription drug coverage will satisfy Medicare's creditable coverage requirements. When you retire, and if you need to apply for Medicare Part D, show the Social Security Administration a copy of the GIC's Creditable Coverage Notice to avoid paying a penalty. This notice will be in your health plan handbook effective July 1, 2006 and is also available on the GIC's website.

Commonwealth Indemnity Plans' Prescription Drug Benefits

Express Scripts, Inc. is the prescription drug benefits administrator for members of the Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice and Commonwealth Indemnity Plan PLUS.

The prescription drug plan encourages the use of safe, effective and less expensive prescription drugs. In addition to a three-tier formulary and less expensive mail order service, as described on page 11, the Plan has three programs that address the issues of quality, safety and cost:

Pilot Program with Value Co-Pays

Last year the GIC introduced pilot programs that encourage members to adhere to their cholesterol-lowering statin regimen and discourage members from taking high-cost GI/stomach drugs, such as Nexium, when other lower-cost drugs might work just as well. This pilot program, which lowers co-pays for certain generic drugs, will continue in Fiscal Year 2007.

Members prescribed these drugs will enjoy a very low \$2 retail and \$4 mail order co-pay for the following drugs:

- Generic versions of Mevacor
- Stomach acid medications: generic versions of H-2 antagonists, such as Tagamet 300, 400 and 800 mg, Pepcid 40 mg, Axid 150 and 300 mg, or Zantac 300 mg

These drugs would ordinarily have co-pays of \$7 at retail and \$14 through mail order.

In an effort to discourage members from taking drugs whose efficacy, value and/or safety is questionable, the following medications will stay on the **non-preferred brand name drug tier of \$40 retail and \$90 mail order:**

- COX-2 inhibitors: Celebrex
- All Proton Pump Inhibitors (PPIs): e.g., Nexium, Prevacid, Aciphex, Protonix and prescription-strength Prilosec

Prilosec OTC Covered

The GIC will continue to cover over-the-counter versions of Prilosec at a co-pay of \$7 retail and \$14 mail order. Have your physician write a prescription for Prilosec OTC to receive coverage.

Last year we moved omeprazole (generic Prilosec) to the non-preferred brand name tier in response to the high cost of this drug. Since that time, the price of this drug has fallen, so omeprazole will be moved to the preferred brand tier effective July 1, 2006.

Step Therapy

Under this program, members are encouraged to use the most appropriate drug therapy for certain conditions. Frequently, a physician will prescribe the most expensive drug without first trying effective, less-costly drugs proven to work for your condition. The Step Therapy program encourages the use of effective first-line drugs before expensive, second-line alternatives. Certain drugs that treat the following conditions are covered by Step Therapy: stomach acid, pain/arthritis, allergies, high blood pressure, topical dermatitis, ADD/ADHD, high cholesterol and depression. This drug list is subject to change. First-line drug treatments are safe, effective and less expensive than the second-line drugs. If your doctor thinks you need a second-line drug, he or she must contact Express Scripts to request a prior authorization.

Generics Preferred

This program provides an incentive for members to use the generic version of a brand name drug. If your doctor writes "do not substitute" on your prescription for a non-preferred brand name drug for which there is a generic version, you will pay the generic drug co-pay *and* the difference between the cost of the generic drug and the cost of the non-preferred brand name drug. Make sure your doctor knows that not using the generic drug will cost you more. He or she may reconsider whether or not to put you on the more expensive alternative.

Commonwealth Indemnity Plans' Prescription Drug Questions?

Contact Express Scripts


1.877.828.9744

www.express-scripts.com

Benefits-at-a-Glance: Commonwealth Indemnity & Community Choice

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

For more information about plan designs, call the plan or visit its website.

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN BASIC WITH CIC ^{1,2} (Comprehensive)	COMMONWEALTH INDEMNITY PLAN COMMUNITY CHOICE	
		In-Network	Out-of-Network ³
PROVIDER	UNICARE	 UNICARE	
TELEPHONE NUMBER	1.800.442.9300	1.800.442.9300	
WEBSITE	www.unicare-cip.com	www.unicare-cip.com	
Inpatient Hospital Care	100%, after hospital deductible	See page 14	100%, after hospital deductible
Hospice Care	100%, after calendar year deductible	100%	
Emergency Room Care (includes out-of-area)	100%, after \$50 co-pay (waived if admitted)	100%, after \$50 co-pay (waived if admitted)	100%, after \$100 co-pay (waived if admitted)
Outpatient Surgery	100%, after outpatient surgery deductible	100%, after outpatient surgery deductible	
Diagnostic Laboratory Test	100% with preferred provider 80% of allowed charges without preferred provider	100%	100%, after \$50 co-pay hospital-based; 100% non hospital-based
Diagnostic Imaging (e.g., X-Rays, CT Scans, MRIs)	100%	100%	100%, after \$50 co-pay hospital-based; 100% non hospital-based
Physician Office Visit (except mental health)	100%, after \$10 per visit and calendar year deductible	See page 14	Not applicable
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
Inpatient Hospital Deductible per quarter	\$150	See page 14	\$750 per admission
Outpatient Surgery Deductible	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$250 per occurrence
Calendar Year Deductible <i>Individual</i> <i>Family</i>	\$75 \$150	\$0 \$0	\$0 \$0
Prescription Drug Co-pay ⁴ <i>Network Pharmacy</i> – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs ⁵ .		
<i>Mail Order</i> – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$90 non-preferred brand name drugs ⁵ .		
Mental Health and Substance Abuse Care	See page 20		

¹ Benefit payments to out-of-state providers are determined by allowed amounts. Members may be responsible for a portion of the total charge.

² Without CIC (non-comprehensive) deductibles are higher and coverage is only 80% for some services.

³ Benefits are subject to reasonable and customary allowed amounts. Members may be responsible for a portion of the total charge.

⁴ Contact Express Scripts to find out how a specific drug is categorized.

⁵ Additional charges may apply. See page 12 for Express Scripts benefit details.

Benefits-at-a-Glance: SELECT & SAVE In-Network Benefits

This chart is a comparative overview of in-network plan co-pays for physician office visits and inpatient hospital care. Contact your plan, and other plans you are considering, to see which tier your doctors are in.



Medical providers – doctors, hospitals and other care givers – vary in their use of medical resources and overall quality

HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN COMMUNITY CHOICE	COMMONWEALTH INDEMNITY PLAN PLUS
PROVIDER	UNICARE	UNICARE
TELEPHONE NUMBER	1.800.442.9300	1.800.442.9300
WEBSITE	www.unicare-cip.com	www.unicare-cip.com
Primary Care Physician (PCP) Office Visit	Primary Care physicians include physicians with specialties in internal medicine, family	
Tier 1	100%, after \$10 per visit	100%, after \$10 per visit
Tier 2	100%, after \$20 per visit	100%, after \$20 per visit
Tier 3	No tier 3	No tier 3
Specialist Physician Office Visit		
Tier 1	100%, after \$10 per visit	100%, after \$10 per visit
Tier 2	100%, after \$20 per visit	100%, after \$20 per visit
Inpatient Hospital Care		
Tier 1	100%, after \$200 per admission	100%, after \$200 per admission
Tier 2	No tiering	100%, after \$400 per admission
Tier 3	No tiering	No tier 3
	Maximum one deductible per calendar quarter per person	

HEALTH PLAN	HARVARD PILGRIM INDEPENDENCE PLAN	HEALTH NEW ENGLAND
PROVIDER	HARVARD PILGRIM HEALTH CARE	HEALTH NEW ENGLAND
TELEPHONE NUMBER	1.800.542.1499	1.800.842.4464
WEBSITE	www.harvardpilgrim.org/gic	www.hne.com
Primary Care Physician (PCP) Office Visit	Primary Care physicians include physicians with specialties in internal medicine, family	
Tier 1	100%, after \$15 per visit	100%, after \$10 per visit
Tier 2	No tiering	100%, after \$15 per visit
Tier 3	No tiering	100%, after \$25 per visit
Specialist Physician Office Visit		
Tier 1	100%, after \$15 per visit ³	100%, after \$15 per visit
Tier 2	100%, after \$25 per visit ³	No tiering
Inpatient Hospital Care		
Tier 1	100%, after \$400 per admission	100%, after \$200 per admission
Tier 2	No tiering	No tiering
Tier 3	No tiering	No tiering
	Maximum 4 co-pays annually per person	

¹ Fallon Community Health Plan Select Care calls its physician tiers Value Plus (tier 1) and Value (tier 2); Tiers for all services are based on the Primary Care Physician's tier.

² Co-pays for OB/GYNs in Community Choice, PLUS, Harvard Independence and Tufts Navigator are the same as co-pays for PCPs.

³ Harvard Pilgrim Independence Plan tiers the following Massachusetts specialists into tier 1 or tier 2: Cardiology, Orthopedics, General Surgery, Gastroenterology, Dermatology. All other specialists are in tier 2.





of care. Our Select & Save plans give you information about these variances and give you co-pay incentives for choosing high quality and/or cost-effective providers or limited provider networks. Each plan has its own groupings of providers that meet and exceed quality and/or cost effectiveness thresholds. *See pages 13 and 16-20 for an overview of other benefits.*

FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE ¹
FALLON COMMUNITY HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN
1.866.344.4442	1.866.344.4442
www.fchp.org	www.fchp.org

practice, pediatrics and in some plans OB/GYN². Contact the plans for details.

100%, after \$10 per visit Child Preventive Care: 100%	100%, after \$15 per visit Child Preventive Care: 100%, after \$5 per visit
No tiering	100%, after \$20 per visit Child Preventive Care: 100%, after \$10 per visit
No tiering	No tier 3

100%, after \$15 per visit	100%, after \$20 per visit
No tiering	100%, after \$25 per visit

100%, after \$200 per admission	100%, after \$250 per admission
No tiering	100%, after \$300 per admission
No tiering	No tier 3
Maximum 4 co-pays annually per person	

NAVIGATOR BY TUFTS HEALTH PLAN	NHP COMMUNITY CARE
TUFTS HEALTH PLAN	NEIGHBORHOOD HEALTH PLAN
1.800.870.9488	1.800.462.5449
www.tuftshealthplan.com/gic	www.nhp.org

practice, pediatrics and in some plans OB/GYN². Contact the plans for details.

100%, after \$15 per visit	100%, after \$10 per visit
No tiering	No tiering
No tiering	No tiering

100%, after \$15 per visit ⁴	100%, after \$10 per visit
100%, after \$25 per visit ⁴	No tiering

Adult: 100%, after \$150 per admission Child: 100%, after \$200 per admission ⁵	100%, after \$200 per admission
Adult: 100%, after \$300 per admission Child: 100%, after \$400 per admission ⁵	No tiering
Adult: 100%, after \$500 per admission; Child: No tier 3 ⁵	No tiering
Maximum 4 co-pays annually per person	

⁴ Tufts Health Plan tiers the following surgeons based on their hospital affiliation's Navigator quality-cost score: General, Hand, Orthopedic, Neurology, Thoracic, General Vascular, Plastic and Reconstructive, Colon and Rectal, and Urology. All other specialists are in tier 2.

⁵ Tufts Health Plan groups its hospitals by adult medical/surgical services and obstetrics, which are called Level I: best quality-cost score, Level II: better quality-cost score, Level III: good quality-cost score. Pediatric hospitals are grouped by Level I: best quality-cost score and Level II: better quality-cost score.

Benefits-at-a-Glance: PPO-Type Plans

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.



HEALTH PLAN	COMMONWEALTH INDEMNITY PLAN PLUS	
	In-Network	Out-of-Network ¹
PROVIDER	UNICARE	
TELEPHONE NUMBER	1.800.442.9300	
WEBSITE	www.unicare-cip.com	
Inpatient Hospital Care	See page 14	80%, after hospital deductible
Hospice Care	100%	80%, after calendar year deductible
Emergency Room Care (includes out-of-area)	100%, after \$50 co-pay (waived if admitted)	
Outpatient Surgery	100%	80%
	after outpatient surgery deductible	
Diagnostic Laboratory Tests	100%	80%
Diagnostic Imaging (e.g., X-rays, CT Scans, MRIs)	100%	80%
Physician Office Visit and Preventive Care (except mental health)	See page 14	80%, after \$20 per visit and calendar year deductible
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
Inpatient Hospital Deductible/ Co-pay	See page 14	\$400 per person per calendar quarter
Outpatient Surgery Deductible/ Co-pay	\$75 per person per calendar quarter	\$75 per person per calendar quarter
Calendar Year Deductible		
Individual	\$0	\$100
Family	\$0	\$200
Prescription Drug Co-pay ²	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs ³	
Network Pharmacy – Up to a 30-day supply		
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$90 non-preferred brand name drugs ³	
Inpatient and Intermediate Mental Health and Substance Abuse Care	See page 20	
Outpatient Mental Health and Substance Abuse Care	See page 20	

¹ Benefits subject to reasonable and customary allowed amounts. Members may be responsible for a portion of the total charge.

² Contact the plan to find out how a specific drug is categorized.

³ Additional charges may apply. See page 12 for details on Express Scripts benefits.

For more information about plan designs,
call the plan or visit its website.



HARVARD PILGRIM INDEPENDENCE PLAN				NAVIGATOR BY TUFTS HEALTH PLAN			
In-Network		Out-of-Network ¹		In-Network		Out-of-Network ¹	
Harvard Pilgrim Health Care				Tufts Health Plan			
1.800.542.1499				1.800.870.9488			
www.harvardpilgrim.org/gic				www.tuftshealthplan.com/gic			
See page 14	80%	After calendar year deductible, \$3,000 out-of-pocket max. per person	See page 15	80%	After calendar year deductible, \$3,000 out-of-pocket max. per person		
100%	80%		100%	80%			
100%, after \$50 co-pay (waived if admitted)			100%, after \$50 co-pay (waived if admitted)				
100%, after outpatient surgery co-pay	80%	After calendar year deductible, \$3,000 out-of-pocket maximum per person	100%, after outpatient surgery co-pay	80%	After calendar year deductible, \$3,000 out-of-pocket maximum per person		
100%	80%		100%	80%			
100%	80%		100%	80%			
See page 14	80%		See page 15	80%			
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.							
See page 14	Not applicable		See page 15	Not applicable			
\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable		\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable			
	Medical	Mental Health & Substance Abuse					
\$0	\$150	\$150	\$0	\$150			
\$0	\$300	\$300	\$0	\$300			
\$10 tier 1, \$20 tier 2, \$40 tier 3			\$10 tier 1, \$20 tier 2, \$40 tier 3 ³				
\$20 tier 1, \$40 tier 2, \$90 tier 3			\$20 tier 1, \$40 tier 2, \$90 tier 3 ³				
100%, after \$200 per admission; maximum 4 co-pays per calendar year	80%, after \$150 per admission		See page 20				
100%, after \$15 per individual visit or \$10 per group visit	Visits 1-15: 80% Visits 16 and over: 50%		See page 20				

Benefits-at-a-Glance: HMOs

This chart is a comparative overview of HMO benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.



HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE
TELEPHONE NUMBER	1.866.344.4442	1.866.344.4442
WEBSITE	www.fchp.org	www.fchp.org
Inpatient Hospital Care	See page 15	
Outpatient Surgery	100%, after \$75 co-pay per occurrence Maximum of four co-pays annually.	100%, after \$100 co-pay per occurrence Value Plus tier or \$125 per occurrence Value tier ¹
Diagnostic Laboratory Tests	100%	
Diagnostic Imaging (e.g., X-rays, CT and PET scans, MRAs, & MRIs)	100%	
Hospice Care	100%	
Emergency Room Care (includes out-of-network)	100%, after \$75 co-pay per visit (waived if admitted)	
Physician Office Visit (except Mental Health)	See page 15	See page 15
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
Prescription Drug Co-pays ² Network Pharmacy – Up to a 30-day supply	\$5 tier I \$20 tier II \$60 tier III	\$5 tier I \$20 tier II \$60 tier III
Mail Order – Maintenance drugs up to a 90-day supply	\$10 tier I \$40 tier II \$180 tier III	\$10 tier I \$40 tier II \$180 tier III
Intermediate and Inpatient Mental Health and Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.	
Outpatient Mental Health and Substance Abuse Care	100%, after \$10 per visit	100%, after \$15 per visit Value Plus tier ¹ 100%, after \$20 per visit Value tier ¹

¹ Tiers are based on the tier of your Primary Care Physician. Contact Fallon Community Health Plan for details.

² Contact the individual plan to find out how a specific drug is categorized.

For more information about a specific plan's benefits or providers, call the plan or visit its website.



HEALTH NEW ENGLAND	NHP CARE	NHP COMMUNITY CARE
1.800.842.4464	1.800.462.5449	1.800.462.5449
www.hne.com	www.nhp.org	www.nhp.org
See page 14	100%, after \$300 co-pay per admission. Maximum of four co-pays annually per person.	See page 15
100%, after \$75 co-pay per occurrence	100%, after \$100 co-pay per occurrence	100%, after \$75 co-pay per occurrence
Maximum of four co-pays annually.		
100%	100%	100%
100% X-rays and 100%, after \$50 per occurrence for CT and PET scans, MRAs & MRIs.	100%	100%
100%	100%	100%
100%, after \$50 co-pay per visit (waived if admitted)	100%, after \$75 co-pay per visit (waived if admitted)	100%, after \$50 co-pay per visit (waived if admitted)
See page 14	100%, after \$20 per visit	See page 15
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
\$10 tier 1 \$20 tier 2 \$40 tier 3	\$10 generic \$25 preferred brand name \$45 non-preferred brand name	\$7 generic \$20 preferred brand name \$40 non-preferred brand name
\$20 tier 1 \$40 tier 2 \$120 tier 3	\$20 generic \$50 preferred brand name \$135 non-preferred brand name	\$14 generic \$40 preferred brand name \$120 non-preferred brand name
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.		
100%, after \$15 per visit	100%, after \$20 per visit	100%, after \$10 per visit

Benefits-at-a-Glance: Mental Health-Substance Abuse

For Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, Commonwealth Indemnity Plan PLUS and Navigator by Tufts Health Plan

This chart is an overview of plan benefits. It is not a complete description. Services for mental health and substance abuse conditions are not covered through the medical portion of your plan. *For more detailed information about plan design and providers, call UBH or visit its website.*

	COVERAGE	
PROVIDER	United Behavioral Health (UBH)	
TELEPHONE	1.888.610.9039	
WEBSITE	www.liveandworkwell.com (access code: 10910)	
BENEFITS	In-Network	Out-of-Network
Inpatient Care² Mental Health General hospital or Psychiatric hospital Substance Abuse General hospital or substance abuse facility	100%, after inpatient care deductible	80% ¹ , after deductible
Intermediate Care² <i>Including, but not limited to, 24-hour intermediate care facilities, e.g., residential, group homes, day/partial hospitals, structured outpatient treatment programs.</i>	100%	80%
Outpatient Care² Individual and family therapy Medication Management Group Therapy	100%, after \$15 per visit 100%, after \$10 per visit 100%, after \$10 per visit	First 15 visits: 80% per visit Visits 16 and over: 50% per visit ³
Enrollee Assistance Program (EAP): <i>Including, but not limited to, depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services – legal, financial, family mediation, and elder care.</i>	Up to 3 visits: 100%	No coverage for EAP
Inpatient Care per Admission Deductible	<i>Indemnity Basic</i> \$150 per calendar quarter <i>Community Choice, PLUS and Tufts Navigator</i> \$200 per calendar quarter	\$150 per admission
Annual Deductible <i>(Separate from the medical deductible and out-of-pocket maximum)</i>	None	\$150 per person \$300 per family
Provider Eligibility	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS

¹ Out-of-network inpatient care that is not pre-certified is subject to a financial penalty.

² Treatment that is not pre-certified receives out-of-network level reimbursement.

³ All outpatient out-of-network visits beyond session 15 require pre-authorization.

Long Term Disability (LTD)

The GIC's Long Term Disability (LTD) insurance is administered by The Hartford. LTD is an income replacement program that protects you in the event you become disabled and are unable to perform the material and substantial duties of your job. **There is no increase in monthly premiums for Fiscal Year 2007.** See page 7 for monthly premium details.

According to The Society of Actuaries, one in seven people will become disabled for at least five years before age 65. How would you pay your bills if you couldn't work? Like most people, if you depend on your paycheck, you should consider LTD coverage.

If you become ill or injured and are unable to work for 90 consecutive days, this program will provide you with:

- A tax-free benefit of up to 50% of your gross monthly salary
- A benefit for mental health disabilities and for partial disabilities
- 24-hour, 365-days-a-year unlimited telephonic legal and financial counseling for families affected by disability

Benefits are reduced by other income sources, such as Social Security disability, Workers' Compensation, accumulated sick leave and retirement benefits, but the minimum benefit will be \$100 or 10% of your gross monthly benefit amount, whichever is greater.

Eligibility

All active full-time and half-time employees who work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week are eligible for LTD benefits. New employees may enroll in LTD without providing evidence of good health within 31 days of hire. All eligible employees can apply for LTD coverage during annual enrollment, or any time during the year. You must provide proof of good health for The Hartford's approval to enter the plan.

Long Term Disability (LTD) Questions?

Contact The Hartford

1.866.847.6343

www.maemployeesltd.com



Life Insurance

The Group Insurance Commission has selected The Hartford as its new life insurance carrier effective July 1, 2006. Life insurance helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiary(ies). **Life (Basic and Optional) and Accidental Death and Dismemberment benefits will be enhanced to cover acts of war and terror effective July 1, 2006.**

Basic Life Insurance

The Commonwealth offers \$5,000 of Basic Life Insurance.

Optional Life Insurance

Optional Life Insurance rates will decrease effective July 1, 2006. See page 7 for details.

Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary. Term insurance covers you and pays your designated beneficiary in the event of your death or certain other catastrophic events. It is not an investment policy; it has no cash value. This is an employee-pay-all benefit.

How Much Do You Need?

To estimate how much Optional Life Insurance you might need, or whether this coverage is right for you, consider such financial factors as:

- Your family's yearly expenses,
- Future expenses, such as college tuition or other expenses unique to your family,
- Your family's income from savings, other insurance, other sources, and
- The life insurance cost and benefits for your age bracket. For instance, for 35-year-olds with young families and mortgages, financial advisors might recommend the coverage. But for 65-year-olds who have paid off their mortgage and have no dependent expenses, financial advisors might not recommend electing or continuing Optional Life Insurance, because premiums increase significantly as you age.

Preparing for Retirement

Before retirement, you should review the amount of your Optional Life Insurance coverage and its cost to determine whether it will make economic sense for you to maintain it when you retire. Talk with a tax advisor about other programs that might be more beneficial at retirement. Optional Life Insurance rates

significantly increase when you retire and continue to increase based on your age. *See the Retiree/Survivor Benefit Decision Guide and our website for these rates.*

Optional Life Insurance Enrollment

You must be enrolled in Basic Life Insurance in order to apply for Optional Life Insurance.

New Employees

As a new state employee, you may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary without the need for any medical review.

Choosing Coverage for the First Time or Increasing Coverage

Effective July 1, 2006, active employees may apply for the first time or apply to increase their coverage at any time during the year without a one-year waiting period. You must complete a medical form for approval by The Hartford. The GIC will determine the effective date if The Hartford approves your application.

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during annual enrollment, anyone who has been tobacco-free (has not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months is eligible for reduced Optional Life Insurance rates. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during annual enrollment will become effective July 1, 2006.

Accelerated Life Benefit

This benefit provision allows you to elect an advance payment of up to 75% of your life insurance death benefits if you have been diagnosed with a terminal illness. Insured employees are eligible for this benefit if the attending physician provides satisfactory evidence that you have a life expectancy of 12 months or less. You must continue to pay the required monthly premium. The remaining balance is paid to your beneficiary at death.

Life Insurance Questions?

Contact the GIC

1.617.727.2310 ext. 1

www.mass.gov/gic

Life, AD&D, Beneficiary Assist and EAP

Portability and Conversion

Active employees who leave employment or become ineligible due to a reduction in hours may apply for term life coverage similar to their group term life insurance. This coverage provides more favorable rates than conversion coverage.

Alternately, you may convert your coverage to a non-group policy.

Portability and Conversion Questions?

Contact The Hartford

1.877.320.0484

Accidental Death and Dismemberment Benefits

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Brain Damage
- Air Bag and Seat Belt benefits for loss of life in a car accident

AD&D Questions?

Contact the GIC

1.617.727.2310 ext. 1

www.mass.gov/gic

Beneficiary Assist Benefit

The LifeBalance® program will be replaced by The Hartford's Beneficiary Assist program effective July 1, 2006. This program helps GIC enrollees cope with the emotional, financial and legal issues that can arise after the loss of a family member. The program provides GIC enrollees with unlimited telephone access and up to five face-to-face sessions with grief, legal, and financial counselors after the death of a family member.

Beneficiary Assist Questions?

Contact The Hartford

1.800.411.7239

www.thehartfordatwork.com

Employee Assistance Program (EAP) for State Agencies

The GIC offers Employee Assistance Program (EAP) benefits as a resource to all agencies. United Behavioral Health, the mental health and substance abuse carrier for the Commonwealth Indemnity plans and Navigator by Tufts Health Plan, provides these services. All state agencies can access critical incident debriefing services at no cost. Managers and supervisors can also receive confidential supervisory training, resource recommendations, and customized seminars for dealing with work place issues such as stress management, low morale, disruptive workplace behavior, and substance abuse. Employees can access individual counseling through their benefit plan.

EAP Questions?

Contact United Behavioral Health

1.888.610.9039

www.liveandworkwell.com

(access code: 10910)

Buy-Out and Pre-Tax Premium Deductions

Health Insurance Buy-Out Option

If you were insured with the GIC on January 1, 2006 or before, and continue your coverage through June 30, 2006, you may buy out your health plan coverage during annual enrollment. You must have other non-state health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission.

Under the buy-out plan, eligible employees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period. The amount of payment depends on your health plan and coverage.

For example:

Employee with Commonwealth Indemnity Plan
Basic family coverage:

Full cost premium on July 1, 2006: \$1,487.01

Monthly 12-month benefit = 25% of this premium.

Employee receives 12 monthly checks of \$371.75
(before federal and state tax deduction)

Pre-Tax Premium Deductions

The Commonwealth deducts the employee's share of basic life and health insurance premiums on a pre-tax basis, unless a new employee opts out of this option. By deducting on a pre-tax basis, the net result is a slight increase in your paycheck. During annual enrollment, or when you have a "qualifying event" as outlined on the pre-tax form, you have the opportunity to change the tax status of your premiums.

- If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2006.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2006.

**Pre-Tax Premium Deduction
Questions?**

Contact Your Payroll Department

Buy-Out Questions?

Contact the GIC
617.727.2310 ext. 1
www.mass.gov/gic



Health Care Spending Account (HCSA)

Through the GIC's Health Care Spending Account (HCSA), administered by Sentinel Benefits, active employees can pay for out-of-pocket health care expenses on a pre-tax basis, reducing participants' federal and state income taxes.

Examples of eligible expenses include:

- Physician office and prescription drug co-payments
- Medical deductibles and coinsurance
- Eyeglasses and contact lenses not covered by your health or vision plan
- Orthodontia and dental benefits not covered by your dental or health plan
- Most over-the-counter drugs

For calendar year 2006, participants can contribute \$500 to \$2,500 annually through payroll deduction on a pre-tax basis.

HCSA Eligibility

All active state employees who are eligible for health benefits with the GIC are eligible for HCSA. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

Dependent Care Assistance Program (DCAP)

The Dependent Care Assistance Program (DCAP), administered by Sentinel Benefits, allows employees to pay for certain dependent care expenses with pre-tax dollars. Participating in DCAP can reduce your federal and state income taxes. Through DCAP, participants can pay on a pre-tax basis for qualified dependent care expenses, such as child and elder day care, after school programs, and day camp. The program allows a participant to contribute up to \$5,000 per family annually on a pre-tax basis as a payroll deduction.

DCAP Eligibility

Active state employees who work half-time or more and have employment-related expenses for a dependent child under the age of 13 and/or a disabled adult dependent are eligible for DCAP.

HCSA & DCAP

As you incur health care and dependent care expenses, submit a claim form and receipt to Sentinel Benefits. They will deposit the reimbursement to your bank. Alternately, you may obtain a SmartFlex debit card, which provides immediate and convenient access to your account. For calendar year 2006, the monthly administrative fee for HCSA alone, DCAP alone, or HCSA and DCAP combined is \$3.95 on a pre-tax basis. There is a minimal SmartFlex debit card annual fee.

HCSA & DCAP Enrollment

New Employees

New employees may enroll for partial year benefits. For HCSA, new hire benefits begin after the same waiting period as other GIC benefits. For DCAP, coverage begins on the first date of employment.

Open Enrollment and Enrollment During the Year

The HCSA and DCAP plan year is January through December. *Open enrollment for these programs is in the fall* for the following calendar year. You must re-enroll each year. Employees that have a "qualified" family status change during the plan year, as outlined on the enrollment and change form, may also enroll.

In the fall of 2006, there may be a new administrator for these plans. See the GIC's website for up-to-date HCSA and DCAP program details during the Fall 2006 Open Enrollment period.

It is important to estimate your expenses carefully, as the Internal Revenue Service requires that any unused funds in a participant's account at plan year-end be forfeited.

HCSA and DCAP Questions?

Including eligible expenses

Contact Sentinel Benefits

1.888.762.6088

www.mass.gov/gic

GIC Dental/Vision Plan

For Managers, Legislators, Legislative Staff, and Certain Executive Office Staff

Eligibility for the GIC Dental and Vision Plans

The GIC Dental/Vision Program is for employees who are not covered by collective bargaining or do not have another Dental and/or Vision Plan. The plan primarily covers managers, Legislators, Legislative staff, and certain Executive Office staff. Employees of authorities, higher education, and the Judicial Trial Court system are not eligible for GIC Dental/Vision coverage.

Dental Benefits

Delta Dental of Massachusetts is the provider for the dental portion of the GIC Dental/Vision plan. During annual enrollment, participants may change their dental plan selection:

- The PPO, also known as Delta Dental PPO, is a less expensive plan, with a limited network encompassing over 30% of the state's dentists who agree to accept negotiated fees for their services with no balance billing to members. The plan also offers reduced out-of-network benefits.
- The Indemnity Plan, also known as Delta Dental Premier, offers network access to more than 95% of the state's dentists who agree to no balance billing.

If you are in the Indemnity Plan, the GIC recommends that you check to see whether your family's dentist(s) participates in the PPO. Switching to the PPO will save you premium costs (see page 7) and reduce your out-of-pocket expenses. Contact the plan for details on potential out-of-pocket savings.



Keep in mind that if you enroll in the PPO and your dentist leaves the plan during the year, you may not change plans until the next annual enrollment.



Vision Benefits

The GIC has again contracted with Davis Vision to administer the vision portion of the GIC Dental/Vision Plan effective July 1, 2006. This plan provides a preferred provider network of over 900 Massachusetts providers, with additional preferred providers across the country. Members receive basic services at no cost and pay a co-pay for enhanced materials and services when they use a preferred provider. When members do not use a preferred provider, they are reimbursed according to a fixed schedule of benefits.

Vision Questions?

Including co-payment amounts and providers

Contact Davis Vision

1.800.650.2466

www.davisvision.com
(control code: 7852)

Dental Questions?

Including co-payment amounts and providers

Contact Delta Dental

1.800.553.6277

www.deltamass.com



Attend a GIC Health Fair

Attend one of the GIC's 19 health fairs to:

- Speak with health and other benefit plan representatives
- Pick up detailed materials and provider directories
- Ask GIC staff about your benefit options
- Take advantage of complimentary health screenings

See our website, *For Your Benefit* newsletter, and your GIC Coordinator for the schedule.

Inscripción Anual

La inscripción anual tendrá lugar a partir del 19 de Abril hasta el 17 de Mayo del 2006. Durante dicho período, usted como (*empleado o jubilado del estado*) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de Julio del 2006. Para obtener más información, sírvase llamar a Group Insurance Commission (*Comisión de Seguros de Grupo*) al **617.727.2310**, extensión 1. Hay empleados que hablan Español que le ayudarán.

年度登記

年度登記在2006年4月19日開始，於5月17日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2006年7月1日生效。如有問題，請打電話給 Group Insurance Commission。電話號碼是 617.727.2310，轉分機 1。

Audiotape for Visually Impaired

If you know of an individual who is visually impaired, please recommend that he or she call the Group Insurance Commission for a *Benefit Decision Guide* audiotope: **617.727.2310 ext. 1.**

Our Website Provides Additional Helpful Information

www.mass.gov/gic

See our website for:

- GIC publications – including the new *Guide to Select & Save Plans*, *For Your Benefit* newsletter, and the *Benefit Decision Guides*
- The latest annual enrollment news
- Directions to and the schedule of the GIC Health Fairs
- Forms to expedite your annual enrollment decisions
- Information about and links to all GIC plans
- Answers to frequently asked questions
- Health articles and links to help you take charge of your health, including a hospital research tool (*password: quality*)

Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 19 tháng Tư và chấm dứt vào ngày 17 tháng Năm, 2006. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2006. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 1.

For More Information, Contact the Plans

*For more information about specific plan benefits, contact the individual plan.
Be sure to indicate you are a GIC insured.*

Health Insurance

Commonwealth Indemnity Plan Basic Commonwealth Indemnity Plan Community Choice Commonwealth Indemnity Plan PLUS (UNICARE)	1.800.442.9300	www.unicare-cip.com
Commonwealth Indemnity Plans' Prescription Drugs (<i>Express Scripts</i>)	1.877.828.9744	www.express-scripts.com
Commonwealth Indemnity Plans' and Navigator by Tufts Health Plan's Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1.888.610.9039	www.liveandworkwell.com (access code: 10910)
Navigator by Tufts Health Plan	1.800.870.9488	www.tuftshealthplan.com/gic
Fallon Community Health Plan Direct Care Select Care	1.866.344.4442	www.fchp.org
Harvard Pilgrim Independence Plan	1.800.542.1499	www.harvardpilgrim.org/gic
Health New England	1.800.842.4464	www.hne.com
Neighborhood Health Plan NHP Care NHP Community Care	1.800.462.5449	www.nhp.org

Other Benefits

Life/AD&D Insurance (<i>The Hartford</i>) Contact the GIC	1.617.727.2310 ext. 1	www.mass.gov/gic
Long Term Disability (<i>The Hartford</i>)	1.866.847.6343	www.maemployeesltd.com
Employee Assistance Program (EAP) for Managers and Supervisors (<i>United Behavioral Health</i>)	1.888.610.9039	www.liveandworkwell.com (access code: 10910)
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (<i>Sentinel Benefits</i>)	1.888.762.6088	www.mass.gov/gic

For Managers, Legislators, Legislative Staff, and Certain Executive Office Staff

Dental Benefits (<i>Delta Dental</i>)	1.800.553.6277	www.deltamass.com
Vision Benefits (<i>Davis Vision</i>)	1.800.650.2466	www.davisvision.com (control code: 7852)

Additional Resources

Social Security Administration	1.800.772.1213	www.ssa.gov
State Board of Retirement	1.617.367.7770	www.mass.gov/treasury/srb.htm

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583 www.mass.gov/gic

39-Week Layoff Coverage – allows laid-off state insureds to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

Case Management – a process that focuses on coordinating a number of services needed by patients with complex medical conditions. It includes an objective assessment of patient's needs and develops an individualized care plan, within the scope of benefits, that is based on the needs assessment and is goal oriented. Patients' families may be involved as well. The goal is to provide the best possible management of care.

CIC (Catastrophic Illness Coverage) – an optional part of the Commonwealth Indemnity Plan. CIC increases the benefits for most covered services to 100%, subject to deductibles and co-payments. It is an enrollee-pay-all benefit. Enrollees without CIC pay higher deductibles and receive only 80% coverage for some services. Over 99% of current Indemnity Plan members select CIC.

COBRA – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life events. Premiums cost 102% of the full cost group premium.

DCAP (Dependent Care Assistance Program) – a benefit that allows employees to set aside a portion of their pre-tax income to pay certain employment-related dependent care expenses, such as child care and day camp, reducing participants' federal and state income taxes.

Deferred Retirement – an option to maintain group life and health coverage for insureds who leave state service and are eligible for a pension, but are not yet receiving a pension.

GIC (Group Insurance Commission) – a quasi-independent state agency governed by an 11-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, and retired municipal employees and teachers in certain cities and towns.

HCSA (Health Care Spending Account) – a benefit that allows employees to set aside a portion of their pre-tax income to pay for their out-of-pocket costs for health care expenses such as co-payments, deductibles, eyeglasses and orthodontia, reducing participants' federal and state income taxes.

HIPAA (The Health Insurance Portability and Accountability Act of 1996) – the Federal law protects employees' and their families' health insurance coverage when they change or lose their jobs. It also requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. The law also addresses the security and privacy of health data.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits.

LTD (Long Term Disability) – an income replacement program for active employees, which provides a tax-free benefit of up to 50% of salary if illness or injury renders them unable to work for longer than 90 days. Employees pay 100% of the premium.

Networks – groups of doctors, hospitals and other health care providers who contract with a benefit plan. Members treated by network providers receive the maximum level of benefits if they are in a plan that offers network and non-network coverage.

PCP (Primary Care Physician) – Physicians include physicians with specialties in internal medicine, family practice, pediatrics and sometimes OB/GYN. Contact the plans for details. For HMO members, you must select a PCP to provide and coordinate your health care.

PPO (Preferred Provider Organization) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.

Utilization Review – a health plan's process of reviewing the appropriateness and quality of care provided to patients. It may be done before, at the same time, or after the services are rendered.

COMMONWEALTH OF MASSACHUSETTS

Mitt Romney, Governor
Kerry Healey, Lieutenant Governor

Group Insurance Commission
Dolores L. Mitchell, *Executive Director*
19 Staniford Street, 4th floor
Boston, Massachusetts

Telephone: 617.727.2310

TDD/TTY: 617.227.8583

Mailing Address

Group Insurance Commission
P.O. Box 8747
Boston, MA 02114-8747

Website

www.mass.gov/gic

Commissioners

Robert W. Hungate, *Chair*

Richard Waring (NAGE), *Vice Chair*

Suzanne Bailey, *Designee for Julianne Bowler,*
Commissioner of Insurance

Theron R. Bradley

Stephen B. Chandler (*Local 5000, S.E.I.U.*)

Alfred A. Fondacaro, Jr., *Retired State*
Employee

David R. Handy

Karen Hathaway (*Council 93, AFSCME,*
AFL-CIO)

Thomas A. Shields

Peter Schwarzenbach, *Designee for Thomas A.*
Trimarco, Secretary of Administration and
Finance

Richard J. Zeckhauser



Commonwealth of Massachusetts
Group Insurance Commission

P.O. Box 8747 • Boston, MA 02114-8747